

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	DID	DEP
1							91						
2							92						
3		2					93						
4		2					94						
5		2					95						
6		2					96						
7	1						97						
8	1						98						
9	1						99						
10	1						100						
11		1											
12		2											
13		2											
14	1												
15		1											
16		2											
17		2											
18	1												
19		1											
20		2											
21	1												
22		1											
23		2											
24		2											
25		3											
26		3											
27	1												
28	1												
29		2											
30		2											
31		2											
32	1												
33	1												
34		2											
35		2											
36		2											
37		2											
38	1												
39	1												
40		2											
41		2											
42		2											
43	1												
44	1												
45		2											
46		2											
47	1												
48	1												
49	1												
50	1												
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						